

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/807771

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		INC.	DEP.
1	/		/				51		/					
2	/		/				52		/					
3	/		/				53							
4	/		/				54							
5	/		/				55							
6	/		/				56							
7	/		/				57							
8	/		/				58							
9	/		/				59							
10	/		/				60							
11	/		/				61							
12	/		/				62							
13	/		/				63							
14	/		/				64							
15	/		/				65							
16	/		/				66							
17	/		/				67							
18	/		/				68							
19	/		/				69							
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21	/		/				71							
22	/		/				72							
23	/		/				73							
24	/		/				74							
25	/		/				75							
26	/		/				76							
27	/		/				77							
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31	/		/				81							
32	/		/				82							
33	/		/				83							
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35	/		/				85							
36	/		/				86							
37	/		/				87							
38	/		/				88							
39	/		/				89							
40	/		/				90							
41	/		/				91							
42	/		/				92							
43	/		/				93							
44	/		/				94							
45	/		/				95							
46	/		/				96							
47	/		/				97							
48	/		/				98							
49	/		/				99							
50	/		/				100							
TOTAL	7		7				TOTAL							
IND.	43		43				IND.							
DEP.	52		52				DEP.							
TOTAL CLAIMS	95		95				TOTAL CLAIMS							

BEST AVAILABLE COPY